

Media release

Permission to use names, quotes, stories, photos, artwork, and
video footage

I give permission to the Utah Department of Health and Human Services
Division of Services for People with Disabilities to use my name, quote, story,
photo, artwork, or video footage for publicity and education purposes in any
and all publications without limitation or reservation.

I understand and agree this release extends to all formats, media, languages,
and formats now known or hereafter developed. This release continues
indefinitely, unless I otherwise revoke said release in writing.

I have read and understand the release and specifically agree to be bound by
the terms set forth above.

Name of participant (please print)

Signature of participant

Date

Email

Phone number

Address

If the participant is younger than 18, a parent or legal guardian must complete and sign this form.

Name of parent or guardian (please print)

Relationship to child

Signature of parent or guardian

Date

Email of parent or guardian

Phone number of parent or guardian

Address of parent or guardian